## STATE OF MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONER

111 NORTH JACKSON, P O BOX 200513, HELENA, MT 59620-0513

## APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION

	and address of organical applying):	ganization providing oi	sponsoring the activity (not t
Teleph	one number of the	e provider/sponsor:	
Title o	f the educational a	activity:	
Date(s	) and location(s):		
Registr	ration fee:		
Method(s) of presentation: faculty in room with participantssatellite/microwave telephone to broadcast sitvideo presentation discussion leader presentaudio presentation			
List an	y admission restri	ctions	
par	d of evaluation: rticipant critique amination ne		independent evaluat other: (Specify)
-	ption of materials al pages	to be distributed:loose leaf	bound
	are materials distr Tore program	ibuted:at program	other:(Specify)

	a. Time schedule (if available)	l			
	b. Table of contents, brochure	e, course outline, course description, or equivalent			
	c. Faculty name(s) and creder	ntials (if not in brochure or description)			
	d. An explanation as to how this course is germane to this profession				
12.	Total minutes of instruction, not in	ninutes of instruction, not including breaks, meals, or introductions:			
13.	Has this course been approve by other states:				
	Granted by:				
	Has this course been denied by other states:				
	Denied By:				
—— Name	e of Person Applying(type or print)				
rank	of reason ripplying (type of print)				
Title					
 Signa	ature Date	<del>,</del>			
Addr	ess				

Zip Code

REQUIRED ATTACHMENTS to the application:

REVISED 3/97

State

City

11.